United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G=10

Sender: Please print your name, address, and ZIP+4® in this box

CLERK, U.S. DISTRICT COUNCLERK'S OFFICE
SUITE 800, 801 BROADWAY

NASHVILLE, TN. 37203

AUG 1 4 2014

U.S. DISTRICT COURT

3.14-1610

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	COMPLETE THIS SECTION ON DEL	VERT
	A. Signature	
	Caretlell/11x	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
-	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	

L	3. Service Type	
	Certified Mail®	Express™
	Registered Return Rec	eipt for Merchandise
	☐ Insured Mail ☐ Collect on I	Delivery
	4. Restricted Delivery? (Extra Fee)	☐ Yes
	150	:
9634 2388		
Return Receipt		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

3:14-cv-01610 DE#6 Son Truong Michael Samsung D.O.C. 301 Institution Dr. Bellefonte, PA 16823

Article Numb
 (Transfer fror______

AVE2 1696 TOOD 020E ETOL

PS Form 3811, July 2013

Domestic Return Receip